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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <i>Patent fees are subject to annual revision</i>		<b>Complete if Known</b>		
		Application / Conf. No.	10/737,284 / 6560	
		Filing Date	December 16, 2003	
		First Named Inventor	Daniel J. Ferris	
		Examiner Name	Terry D. Cunningham	
		Art Unit	2816	
TOTAL AMOUNT OF PAYMENT	(\$)	910.00	Attorney Docket No.	X-1015 US

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:  <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		<b>3. ADDITIONAL FEES</b> Large Entity Fee Fee	
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity			
Fee	Fee	Fee Description	Fee
Paid			
Code	(\$)		
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	
SUBTOTAL (1)		(\$)	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims: 20** =		Extra	Fee from below
Indep. Claims: 3** =		X	Fee Paid
Multiple Dependent Claims:		X	
**or number previously paid, if greater; For Reissues, see below			
Large Entity			
Fee	Fee	Fee Description	
Code	(\$)		
1202	18	Claims in excess of 20	
1201	86	Independent claims in excess of 3	
1203	290	Multiple dependent claim, if not paid	
1204	86	**Reissue independent claims over original patent	
1205	18	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		910.00	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
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Signature		Telephone	408-879-6149
		Date	08-18-2005